

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814



May 7, 1984

ALL-COUNTY INFORMATION NOTICE I- 45-84

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY FISCAL OFFICERS
ALL COUNTY ADMINISTRATIVE SERVICES OFFICERS

SUBJECT: REPORTING AFDC-FC FAMILY HOME BASIC RATES

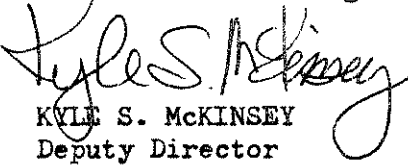
REFERENCE: OPP 11-406.16

Operations Policies and Procedures Section 11-406.16 requires counties to submit data on county foster care rates. The county family home basic rate information will be used to establish FY 1984-85 cost-of-living adjustment ceilings for family homes as mandated by AB 2695 (Chapter 977, Statutes of 1982).

Please submit this information by June 1, 1984 to:

State Department of Social Services
Foster Care Program Management Bureau
744 P Street, M.S. 7-185
Sacramento, CA 95814

Form Temp 1384 instructions have been provided to help you accumulate the data on rates paid by your county. If you have any questions, please call the Foster Care Program Management Bureau at (916) 445-0813.


KYLE S. MCKINSEY
Deputy Director

Attachment

cc: CWDA

AFDC—FC FY 83/84 FAMILY HOME BASIC RATES INFORMATION

Send completed form to:
Foster Care Program Mgmt. Bur.
744 P Street, M.S. 7-185
Sacramento, CA 95814

Pursuant to Department of Social Services OPP Section 11-406.16,

| | | | |
|--------|-----------|--------------------------|--|
| COUNTY | DATE | COUNTY CONTACT | TELEPHONE NUMBER |
| | | | |
| | AGE GROUP | MONTHLY RATE FY 83/84 | MONTHLY RATE REIMBURSABLE FROM STATE FUNDS |
| | 0 - 4 | | |
| | 5 - 8 | | |
| | 9 - 11 | | |
| | 12 - 14 | | |
| | 15 - 18 | | |

FAMILY
HOME
BASIC
RATES
(IN—COUNTY)

INSTRUCTIONS FOR THE TEMP 1384

This form will be used to obtain information regarding family home rates paid during fiscal year 1983-84.

Complete informational section for county name, date form completed, name of person who is county contact for rate information and that person's telephone number.

Family Home Basic Rates

1. Age Group - for those counties that have not yet converted to the standardized age groups, please revise this form accordingly, specifying your county's division for age groups.
2. Monthly Rate FY 83/84 - enter rate effective July 1, 1983.
3. Monthly Rate Reimbursable from State Funds - complete this column if the monthly rate which county paid for the 1983-84 fiscal year is greater than the amount in which the State would participate per OPP 11-302.1.
4. Number of Children - indicate the number of AFDC-FC children in each of your county's age group categories for the month of March 1984.